Date:

Replaces: 08/01/03 Issuing Office: OIR, 496-1921

SAMPLE NOTIFICATION FROM DESIGNATED IC PROGRAM OFFICIAL

| Dear Dr. | : |
|---|---|
| approved, beginning enter the following - subject to a submission of acceptable proof | Training Award (IRTA) Traineeship with the <u>IC</u> has been through, subject to [if applicable ICs should a medical evaluation as directed by OMS procedures] and of U.S. citizenship or resident alien status. (For two-three year ag procedures require that this Traineeship be processed one year |
| Occupational Medical Service, I may be completed by a physicia NAME at to an | ctivation physical examination may be conducted by the NIH, in Bethesda, Maryland, at no cost to you. Alternatively, it in of your own choosing, but at your own expense. Please call rrange an examination by the Occupational Medical Service or to completion by a private physician if you choose the latter option. |
| activate your Traineeship. Acce | dent alien status must be provided at the time you report to eptable proof for this purpose is indicated in the "Statement of was enclosed with your Traineeship award letter. |
| insurance in order to receive train policy held either in your name One approved plan of health instruction in the Sciences (FAE At your direction, the <u>IC</u> will | Traineeship, you are required to be covered by adequate health ining in NIH facilities. This requirement may be satisfied by a or in another's name with you identified as a family member. Surance is available through the Foundation for Advanced (S). A Brochure or leaflet describing the FAES plan is enclosed. I provide funds in an amount not to exceed the cost of FAES' fee Option, individual or family as appropriate, in addition to your name. |
| allowance will be provided by N Provider Option, individual or fa for any additional health insurar your name listed as "family mer Preferred Provider Option. Plea | e another private health plan in your own name, in which case an NIH not to exceed the cost of FAES' fee-for-service Preferred amily, as appropriate. Also, if incurred, NIH will reimburse you nee cost as a result of being covered under a spouse's policy with mber" not to exceed the cost of the FAES' fee-for-service ase be prepared to indicate your choice of health plan or to age at the time you report to begin your IRTA Traineeship. |
| | Sincerely, |
| Enclosures | (Designated IC Program Official) |

| | CURRENT | | | | |
|----------------|-------------------------|----------|-------------|-------------|---------------|
| | APPROVAL/RESPONSIBILITY | | | REDELEGATED | RESTRICTIONS/ |
| | OD NIH | OHR, NIH | PRIMARY | NO; YES, TO | COMMENTS |
| ADMINISTRATION | OFFICIAL | OFFICIAL | IC OFFICIAL | WHOM | |

| | RATION OF | INTRAMURAL TRAINING AWARD (IRTA) PROGRAM |
|---|--------------|---|
| 1. To coordinate the administration of the NIH IRTA Program | DDIR, NIH | NO |
| 2. To coordinate the establishment of new NIH IRTA Traineeship programs to meet evolving training needs | DDIR, NIH | YES TO: Officials with sufficient knowledge and expertise to exercise this authority in accordance with law, regulations, and written policy |
| 3. To coordinate modifications of the individual IRTA Traineeship program provisions NIH-wide | DDIR, NIH | YES TO: Officials with sufficient knowledge and expertise to exercise this authority in accordance with law, regulations, and written policy |
| 4. To coordinate the establishment of stipend levels, adjustments, and changes for all Traineeship programs of the NIH IRTA Program | DDIR, NIH | YES TO: Officials with sufficient knowledge and expertise to exercise this authority in accordance with law, regulations, |

| | | CURRENT | | DEDEL EGAMED | |
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| | APPROVAL/RESPONSIBILITY OD NIH OHR, NIH PRIMARY | | | REDELEGATED NO; YES, TO | RESTRICTIONS/ COMMENTS |
| ADMINISTRATION | OFFICIAL | OFFICIAL | IC OFFICIAL | WHOM | COMMENTS |
| | · | 1 | 1 | 1 | |
| | | | | and written | |
| | | | | policy | |
| 5. To coordinate | | | | | |
| & approve any | DDIR, | | | YES TO: | |
| and/or all | NIH | | | | |
| exceptions to the | | | | OIR officials | |
| NIH IRTA | | | | with sufficient | |
| Program | | | | knowledge | |
| provisions | | | | and expertise | |
| | | | | to exercise this | |
| | | | | authority in | |
| | | | | accordance | |
| | | | | with law, | |
| | | | | regulations, | |
| | | | | and written | |
| (T | | | | policy | |
| 6. To maintain | OEM | | | NO | |
| the Traineeship | OFM, | | | NO | |
| Stipend Outlay, | NIH | | | | |
| including | | | | | |
| processing financial | | | | | |
| documents to | | | | | |
| arrange for and | | | | | |
| assure the proper | | | | | |
| payment, | | | | | |
| adjustment, or | | | | | |
| termination of | | | | | |
| stipends and other | | | | | |
| authorized | | | | | |
| allowances | | | | | |
| 7. To provide | | | | | |
| required financial | OFM, | | | NO | |
| information on | NIH | | | | |
| individual | | | | | |
| trainees annually | | | | | |
| to the Internal | | | | | |
| Revenue Service | | | | | |
| (IRS) and to the | | | | | |
| trainees | | | | | |
| 8. To maintain | OFM | | | NO | |
| required | OFM, | | | NO | |
| accounting | NIH | | | | |
| information and | | | | | |
| generate | | | | | |
| necessary reports | | | | | |

| | CURRENT | | | | |
|---------------------------|--------------------|----------------------|------------------------|----------------------------|--------------------------------|
| | | OVAL/RESPON | | REDELEGATED NO; YES, TO | RESTRICTIONS/ COMMENTS |
| ADMINISTRATION | OD NIH OFFICIAL | OHR, NIH OFFICIAL | PRIMARY IC OFFICIAL | WHOM | COMMENTS |
| ADMINISTRATION | OFFICIAL | OFFICIAL | IC OFFICIAL | | |
| 9. To provide | | | | | |
| staff assistance to | | OHR, NIH | | NO | |
| the DDIR, NIH | | 01111, 1 (111 | | | |
| and OIR, NIH as | | SASE, | | | |
| needed/required | | OHR | | | |
| 10. To provide | | | | | |
| advice and/or | | OHR, NIH | | NO | |
| guidance to | | , | | | |
| designated IC | | SASE, | | | |
| program and/or | | OHR | | | |
| administrative | | | | | |
| officials of the | | | | | |
| purposes and | | | | | |
| requirements of | | | | | |
| the NIH IRTA | | | | | |
| Program, as well | | | | | |
| as its relationship | | | | | |
| and appropriate | | | | | |
| usage to other | | | | | |
| NIH scientific | | | | | |
| mechanisms 11.To evaluate | | | | | |
| the IRTA | Office of | | | NO | Evaluation of |
| Program | Intramural | | | 110 | the Program for |
| effectiveness and | Training | | | | representation |
| determine if the | and | | | | of women, |
| Program is | Education | | | | minorities, and |
| accomplishing its | (OITE), | | | | disabled |
| purposes | NIH | | | | persons; to |
| | | | | | assess its |
| | | | | | relationship |
| | | | | | with other NIH |
| | | | | | Traineeship |
| | | | | | Programs; and |
| | | | | | determine |
| | | | | | whether it is |
| | | | | | functioning |
| | | | | | effectively and |
| | | | | | accomplishing |
| | | | | | its purpose. |
| | | | | | Evaluation |
| | | | | | results and any recommendation |
| | | | | | for changes to |
| | | | | | the Program |
| | | | | | will be |
| | | | | | WIII UC |

| | CURRENT | | | REDELEGATED | |
|--|----------|---|---|---------------------|---|
| | | APPROVAL/RESPONSIBILITY OD NIH OHR, NIH PRIMARY | | | RESTRICTIONS/ COMMENTS |
| ADMINISTRATION | OFFICIAL | OHR, NIH OFFICIAL | IC OFFICIAL | NO; YES, TO WHOM | COMMENTS |
| 112 1111 112 1111111111 | OFFICIAL | OFFICIAL | IC OFFICIAL | | |
| | | | | | presented to OIR, NIH, the NIH Board of Scientific Directors, the IC Directors for review and concurrence and finally to the Dir, NIH for consideration |
| | | | | | and approval |
| IC ADMINISTR | ATION OF | INTRAMUR | AL TRAINING | G AWARD (IRT | A) PROGRAM |
| 1. To provide advice and guidance to IC scientific program officials on the purposes and requirements of the IRTA Program provisions | | | Designated IC Program Admin. Officials | NO | |
| 2. To assure that: applicants meet eligibility requirements; necessary documentation is present and complete; Trainee schedules are determined; documentation to activate, renew, and terminate the Traineeships is distributed; the completion of medical exams is arranged; U.S. Citizenship or resident alien status is verified; and orientation for each trainee, | | | Designated IC Program Admin. Officials | NO | |

| | CURRENT | | | | |
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| | APPROVAL/RESPONSIBILITY | | | REDELEGATED | RESTRICTIONS/ |
| A DAMINICAD A TION | OD NIH | OHR, NIH | PRIMARY | NO; YES, TO WHOM | COMMENTS |
| ADMINISTRATION | OFFICIAL | OFFICIAL | IC OFFICIAL | WHOM | |
| including | | | | | |
| advising on | | | | | |
| benefits available, | | | | | |
| is conducted | | | | | |
| TRAINEESHIPS | <u> </u> | | 1 | 1 | <u> </u> |
| 1. To approve | | | | | |
| initial | DDIR, | | IC Dirs | YES TO: | |
| Traineeships | NIH | | | | |
| within the NIH | | | | IC Sci Dirs | |
| IRTA Program | | | | | |
| provisions for all | | | | IC Lab/Br | |
| IRTA Traineeship | | | | Chfs | |
| programs | | | | | |
| 2. To approve | | | | | This includes |
| renewal of | DDIR, | | IC Dirs | YES TO: | authority to |
| Traineeships | NIH | | | | grant a terminal |
| within the NIH | | | | IC Sci Dirs | Traineeship |
| Program | | | | | period not to |
| provisions for all | | | | IC Lab/Br | exceed 3 months |
| IRTA Traineeship | | | | Chfs | |
| programs | | | | | |
| 3. To approve the | | | | | The losing IC |
| transfer or | DDIR, | | IC Dirs | YES TO: | must agree by e- |
| reassignment of | NIH | | | IC Sci Dirs | mail or |
| trainees between | | | | | telephone to the |
| ICs | | | | | transfer or |
| | | | | | reassignment |
| | | | | | and the release |
| | | | | | of the Trainee. |
| | | | | | Transfer from |
| | | | | | and to must be |
| | | | | | completed in the |
| | | | | | FPS |
| 4. To approve | | | | | |
| part-time | DDIR, | | IC Dirs | YES TO: | |
| schedules on a | NIH | | | | |
| case-by-case | | | | IC Sci Dirs | |
| basis for trainees | | | | | |
| within all IRTA | | | | | |
| Traineeship | | | | | |
| programs | | | | | |
| 5. To revoke | DD15 | | I TO D | TIES TO | Use the FPS to |
| Traineeships in | DDIR, | | IC Dirs | YES TO: | process the |
| whole or in part | NIH | | | 100:5: | termination |
| | | | | IC Sci Dirs | immediately. |
| | | | | after | |

| | CURRENT | | | | |
|------------------|----------|-------------|-------------|---------------------|------------------------------------|
| | | OVAL/RESPON | ISIBILITY | REDELEGATED | RESTRICTIONS/ |
| | OD NIH | OHR, NIH | PRIMARY | NO; YES, TO WHOM | COMMENTS |
| ADMINISTRATION | OFFICIAL | OFFICIAL | IC OFFICIAL | WHOM | |
| | 1 | | 1 | 1 1 1 | |
| | | | | consultation | See Section W. |
| | | | | with OIR | Termination of |
| | | | | | Traineeship for |
| | | | | | detailed |
| | | | | | information |
| | | | | | pertaining to |
| ~ | | | | | termination |
| STIPENDS | 1 | | | | T |
| 1. To approve | D D TD | | 10.5 | TITIC TIC | This includes |
| initial stipends | DDIR, | | IC Dirs | YES TO: | the authority to |
| and/or stipend | NIH | | | | grant a specialty |
| increases within | | | | IC Sci Dirs | allowance of up |
| the NIH IRTA | | | | 101.1/0 | to \$10,000 when |
| Program | | | | IC Lab/Br | a postdoctoral |
| provisions | | | | Chfs | trainee has a |
| | | | | | degree or |
| | | | | | equivalent . |
| | | | | | experience in |
| | | | | | one of the eight |
| | | | | | specialty |
| | | | | | allowances |
| | | | | | specified under |
| | | | | | stipend |
| | | | | | allowances |
| | | | | | This also |
| | | | | | includes the |
| | | | | | authority to |
| | | | | | grant a one-time |
| | | | | | exceptional |
| | | | | | stipend increase at the time of |
| | | | | | renewal of one |
| | | | | | |
| | | | | | stipend level for 10 percent of an |
| | | | | | IC's |
| | | | | | postdoctoral |
| | | | | | trainees, i.e., a |
| | | | | | trainee with one |
| | | | | | year of |
| | | | | | postdoctoral |
| | | | | | experience |
| | | | | | could be paid a |
| | | | | | stipend within |
| | | | | | the range for the |
| | | | | | two-year |
| | | | | | experience level |
| | | | | | experience level |

| | CURRENT | | | | |
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| | APPROVAL/RESPONSIBILITY | | | REDELEGATED | RESTRICTIONS/ |
| | OD NIH | OHR, NIH | PRIMARY | NO; YES, TO | COMMENTS |
| ADMINISTRATION | OFFICIAL | OFFICIAL | IC OFFICIAL | WHOM | |

| SUPPLEMENTA | L FUNDING | | | | |
|---|--------------|----------|------|------------------------|--|
| 1. To approve supplemental funding in accordance with NIH-wide established Program provisions | DDIR, NIH | IC D | virs | YES TO: IC Sci Dirs | Combined NIH and supplemental funding must be comparable to the stipend level of equally qualified trainees in awarded Traineeship program |
| 1. To provide | | | | | |
| principal | DDIR, | IC D | irs | YES TO: | |
| mentoring | NIH | | | IC Sci Dirs | |
| | | | | IC Lab/Br Chfs | |
| | | | | IC Preceptors | |
| TRAINING/TUIT | ION | <u> </u> | | * | |
| 1. To approve a rotation in a Science Policy office, generally one rotation of three months or less, when the activity can be justified as an integral part of the NIH research training experience | DDIR, NIH | IC D | virs | | |
| 2. To approve training/tuition (other than rotations) to the extent it is directly related to | DDIR, NIH | IC D | irs | YES TO: IC Sci Dirs | |
| the NIH research | | | | | |
| experience | | | | | Trainage may |
| 3. To develop | | | | | Trainees may |

Appendix 10

| | CURRENT APPROVAL/RESPONSIBILITY | | | REDELEGATED | RESTRICTIONS/ | |
|------------------------------|------------------------------------|----------------------|------------------------|---------------------|------------------|--|
| ADMINISTRATION | OD NIH OFFICIAL | OHR, NIH OFFICIAL | PRIMARY IC OFFICIAL | NO; YES, TO WHOM | COMMENTS | |
| | | | | | | |
| Individual | DDIR, | | IC Dirs | YES TO: | not engage in | |
| Development | NIH | | | | primary patient | |
| Plans (IDPs) and | | | | IC Sci Dirs | care activities. | |
| assure instruction | | | | | Any clinically | |
| in safety, use of | | | | IC Lab/Br | related activity | |
| equipment, | | | | Chfs | MUST be | |
| handling | | | | | explicity under | |
| hazardous | | | | IC Preceptors | the direct | |
| materials, proper | | | | _ | supervision and | |
| animal care and | | | | | control of an | |
| treatment, and | | | | | NIH employee | |
| patient contacts | | | | | physician | |
| EXCUSED ABSENCE with STIPEND | | | | | | |
| 1. To approve | | | | | | |
| extended | DDIR, | | IC Dirs | YES TO: | | |
| absences) see | NIH | | | | | |
| section Y) | | | | IC Sci Dirs | | |